No. 5257 P. 1 PRINTED: 1724/2016 FORM APPROVED

Division	of Health Service Re					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		. , , , , , , , , , , , , , , , , , , ,	A. BUILDING:	VI		
		HAL026017	B. WING		10/2	9/2015
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	TATE, ZIP GODE		
CAROLI	IA INN AT VILLAGE O	PERM	YTHE STRE			
		PAYELLE	VILLE, NG 2		- N	1001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL OF DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	DBE	COMPLETE DATE
C 000	Initial Comments		C 000			
		a Biennial Construction Survey Cates and Billy Bryant on				
	Facility was first lice for One Hundred (1 information, we are the 1996 Rules for Homes and the 199 Building Code, Sec Occupancy; and the	on gathered from our files, the ensed on December 5, 1996 (00) residents. Based on this requiring the facility to meet the Licensing of Domicillary 96 North Carolina State tion 419- Institutional a applicable portions of the lit care Home of Seven or				
C 144	Med Prep Area-Sin	k with Lever Handles	C 144		,	
	closets are: (5) Handwashing t	nts for storage rooms and acilities with wrist type lever ovided immediately adjacent			,	
	1- Based on obser- provide lever hand Rooms. This defici who are dispensed by possibly allowin Findings includes a- The sink in Terrace Level	faucet on 10-30-15. Wi faucets to assure all are a sink in the Med Room on the handles. Will conduct in		Replaced Faucet with lever has faucet on 10-30-15. Will inspersion faucets to assure all are lever handles. Will conduct in servi with maintenance staff on	ect all	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE STREAM TURES

ATTEMPT

f (Se) DATE $_{\rm p}^{\rm p}$

No. 5257 P. 2

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: 01 B. WING_ HAL026017 10/29/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

400 FORSYTHE STREET

CAROLI	JA INN AT VII I ACH CIPIUN	/ILLE, NC 2		
(X4) ID PREFIX YAG	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XII) COMPLETE DATE
C 164	Continued From page 1	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164	,	
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, cellings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.			
'	This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the buildings in good repair and clean.		A) Elevator Lobby Door was repaired and restained on 11-3-15,	,
	a- The door to the Freight Elevator Lobby on the 2nd Floor is missing pieces of trim. b- The corridor carpet outside the Freight Elevator Lobby is stained. c- The vinyl wallcovering in the Terrace Level corridor and public areas is peeling at the seams. d- The vinyl wallcovering in the Terrace Level Living Room is stained at the EXIT door.		B) Housekeeping to clean carpet and monitor all building areas to assure cleanliness. Hall carpet cleaned on 12-4-15. C) Terrace level hall, wallpaper is being removed and walls are being painted. Project started 11-2-15. D) Terrace level living room	
C 166	Housekeeping-Maintained Free of Hazards	C 166 '	wallpaper is scheduled to be removed and walls painted.	
Dáilelon of H	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; ealth Service Regulation		Scheduled completion date is 12-15-15. Will conduct monthly inspections of walls and doors.	

Division of Health Service Regulation

STATE FORM

Nancy & Returns, Almusterton 12.7-15

If continuation sheet 2 of 7

No. 5257 P. 3

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Division (of Health Service Re	guiation	_		P		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE S COMPLI		
	,	,	A. Bolizano. VI				
		HAL026017	B. WING		10/29	/201 <u>5</u>	
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE			
CAROLIN	IA INN AT VILLAGE (3 D W W 61	YTHE STREI /ILLE, NC 2/				
	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(Xn)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PREGEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE PRIATE	DATE	
Ç 168	Continued From pa	ge 2	C 166				
	(e) This Rule shall facilities.	apply to new and existing					
	maintain the buildir storing oxygen con them from falling of could affect all pers	et as evidenced by: vations, the facility has failed to ng free of hazards by not tainers securely to prevent ver or rolling around. This sons in the facility as the could fall over, damaging the					
	Findings includ	le:				•	
	in unapproved Room 212. b- There are of in unapproved Storage Room c- There are of	xygen bottles being stored containers in Resident xygen bottles being stored containers in the 2nd Floor xygen bottles being stored containers in the 1st Floor		A) Picked up approved storage container for oxygen bottles for Room 212 on 10-29-15. B-C) In serviced staff on appressorage of oxygen bottles in strooms and med rooms.	opriate		
C 189	Building Equipmen	t Maintained Safe, Operating	C 189				
,	10A NCAC 13F .03 REQUIREMENTS (a) The building a mechanical, and p care home shall be operating condition (k) This Rule shall facilities with the e	nd all fire safety, electrical, lumbing equipment in an adult a maintained in a safe and				,	
	This Rule is not m	net as evidenced by:					

Division of Health Service Regulation

STATE FORM

Numer A Peterson, Atmusteredor

If continuation sheet 3 of 7

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Division	of Health Service Re	egulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X8) DATE SURVEY COMPLETED	
ALTER PERSON	or contaction	INDER CITY OF TOTAL PROBLEMS.	A. BUILDING: 01		- COMP	
		HAL028017	B. WING.		10/2	9/2015
NAME OF C	SHOVED OF PURPOSES		DBURE CITY I	TATE THE COOK	1012	2010
	PROVIDER OR SUPPLIER	400 EORS	ORESS, CITY, S SYTHE STRE	STATE, ZIP CODE		
CAROLI	NA INN AT VILLAGE G	BEEN	VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICENCY)	D BE	(X6) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
C 189	1- Based on observensure that the builthe emergency EXI affects all residents possibly preventing building in an emergency EXIT do Dining Room at requires special the handle to be doors prior to out the fire resistance of deficiency directly a and visitors by allow smoke beyond the Findings include	rations, the facility failed to ding is safe by not maintaining TS. This deficiency directly, personnel, and visitors by people from exiting the gency. Itude: ors from the 1st Floor re difficult to open and I knowledge by requiring a pushed up to unlock the pening. rations, the facility failed to ding is safe by not maintaining of building components. This effects all residents, personnel, ving the possible spread of compartment of origin.	C 188	Door and Locks inspected by Locksmith on 12-4-15. Letter attached. A) Adjusted door hinge on 10 Will continue to inspect all do a monthly basis.	-30-15,	
	Freight Elevato	r Lobby on the rubs against does not close completely				
	maintain the buildin operating. This defi persons who have :	rations, the facility has failed to g electrical system safe and clency may affect those access to the electrical room spible electrocution due to oltage wiring.	,			
		e: rcuit blank missing in the in the Electrical/ Telephone		A) Circuit blanks were repaired 11-2-15 by Star Electric	d on	

No. 5257 P. 5

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Division	of Health Service Re	gulation		·		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	4 . 4 .	CONSTRUCTION	(X3) DATE 8 COMPL	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING: 01		2-2-1-1 mm - 1 mm	
		•				
		HAL025017	B. WING		10/29	/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, 5	TATE, ZIP CODE		- 1
040011	NA INN AT VILLAGE O	DEEN 400 FORS	YTHE STRE	ET		- 1
CAROLII	NA INN AT VILLAGE C	FAYETTE	VILLE, NC 2	8303		
(X4) ID		TEMENT OF DEPICIENCIES	ib .	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PRÉFIX TAG		MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
C 189	Continued From pa	ge 4	C 189			
	Room,					
	Koom,					
,		ations, the facility has failed to			1	
		g electrical system safe and				
		GFCI receptacles not ency may affect staff who	lí			
		itchen and could cause a				
	person to suffer ele					-
	Election of the street				ĺ	
	Findings includ	0:		4 A-B) Star Electric replaced (SEIS's	
	a-The GFCI re	ceptacle beside the sink in		on 11-2-15. Check all GFI's to		,
		erving Kitchen does not trip		assure proper functioning. Wi		
	when tested.			GFI's to monthly inspections,	AI BOO	
		ceptacle beside the sink in	}	G1 x 8 to Hondiny inspections,	+	
	does not trip w					
		rations, the facility has failed to				l
		ding is safe by not maintaining of building components. This				
		affect all residents, personnel,				
	and visitors by allow	ving the possible spread of				
	smoke beyond the	compartment of origin.				
	Findings includ	m:				
	Findings moldo	O ₁		5 A) Replaced ceiling tiles on		
		one-hour rated ceiling tiles		In serviced staff on prope		
		Riser Room are damaged		inspections and fire proofing.	,	
	or missing.			s as makes the model and design	222	
	6- Based on observ	vations, the facility has failed to		6 A) Raise ice machine drain		
	maintain the plumb	ing systems safe and		above floor drain on 11-2-15.		
		aintaining an air gap at the Ico				
'	machine which ma the ice machine.	y allow bacteria to migrate into				
	are to macrime.					
,		sate pipe for the ice				,
	machine is ext	ended into the floor drain,				
l	I					

Division of Health Service Regulation

STATE FORM RALLY A PULLULAN, Administrator 12-7-15

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No. 5257 P. 6

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Division of	of Health Service Re	gulation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL026017	B. WING			1
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP GODE		
CAROLIN	IA INN AT VILLAGE O	IVEEN	YTHE STREI VILLE, NO 21			
(X4) ID PREFIX TAG	(EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DERICIENCY)	D BE COMPL	LETE
C 195	Continued From pa	ge 5	C 195			
C 195	Hot Water System		C 195	1		
	provide an adequat kitchen, bathrooms closets and soil util temperature at all fibe maintained at a (38 degrees C) and F (46.7 degrees C) (k) This, Rule shall facilities with the exwhich shall not app	system shall be of such size to be supply of hot water to the plandry, housekeeping ity room. The hot water lixtures used by residents shall minimum of 100 degrees First shall not exceed 116 degrees apply to new and existing exception of Paragraph (e) by to existing facilities.				
C 199	1- Based on observine facility has failed temperature betwee Fahrenheit. This depersons who may hot water. Findings includes The hot water. The hot water Room 301 regular the hot water.	er temperature in Resident isters 124 degrees Fahrenheit. er temperature in Resident isters 94 degrees Fahrenheit.	C 199	1 A) Adjusted mixing valves 29-15. To assure proper temp continue to monitor on a dail 1 B) Replaced mixing valve of 21-15. Will continue to monitemps.	s will y basis. on 11-	
G 188	SECTION .0300 - 10A NCAC 13F .03 REQUIREMENTS	PHYSICAL PLANT 311 OTHER	0.100			

Division of Health Service Regulation

MANCIA RITELLOW, Thmeastrator 192121 STATE FORM

If continuation sheet # of 7

-No. 5257

PRINTED: 11/24/2015

STATEMENT OF DEFICIENCIES (X1) PROVIDER OR SUPPLIER HALOSBOTY AND PROVIDER OR SUPPLIER CARCLINA INN AT VILLAGE GREEN PREFIX CASH DEPRICIES OF PROVIDER OR SUPPLIER CARCH DEFICIENCY MUST BE PRECEDED BY YOU. TAO CONTINUED FROM THE STREET PROVIDER OR SUPPLIER CARCH DEFICIENCY MUST BE PRECEDED BY YOU. TAO CONTINUED FROM THE STREET T	Division	Division of Health Service Regulation					
MAME OF PROVIDER OR SUPPLIER CAROLINA INN AT VILLAGE GREEN (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 199 C	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	4	-		
A00 FORSYTHE STREET FAVETTEVILLE, NC 28303 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES. RECEDED BY PULL REGULATORY OR ISO IDENTIFYING INFORMATION) C 189 Continued From page 6 C 199 Provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and tollet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities with the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the bathroom of Resident Room 121 is not working.		HAL028017 B. WING 10/29/20				9/2015	
(x4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PER TYPE (EACH DEFICIENCY NUTS 16 PRECENT TAG) C 199 Continued From page 6 provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry ares. (ic) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the bathroom of Resident Room 121 is not working.	NAME OF E	ROVIDER OR SUPPLIER					
PREFIX TAG REGULATORY OR LSG IDENTIFYING INFORMATION) C 189 Continued From page 8 provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) solled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has falled to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of cdors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the bathroom of Resident Room 121 is not working.	CAROLII	NA INN AT VILLAGE G	REEN				1
provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these spacified spaces: (1) solled linen storage; (2) soil utility room; (3) bathrooms and tollet rooms; (4) housekesping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the bathroom of Resident Room 121 is not working.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL OROSS-REFERENCED TO THE APPROI	DRE	COMPLETE
iwo cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and tollet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has falled to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in the bathroom of Resident Room 121 is not working.	C 199		-	C 199			
Division of Health Service Regulation		two cubic feet per in requirement does in before April 1, 1984 these specified spa. (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the ex which shall not appl. This Rule is not me 1- Based on observ has failed to mainta systems in working persons in the build exhausting of edors germs that may cau. Findings include ar The exhaust Resident Room.	ninute per square foot. This of apply to facilities licensed with natural ventilation in description of paragraph (e) to existing deption of Paragraph (e) to existing facilities. It as evidenced by: attons and testing, the facility in the mechanical exhaust condition. This may affect all ling as it prevents the and possible bacteria or use illness.		1 A) Replaced exhaust fan in bathroom on 11-2-15. Continu inspect exhaust fans on month		

STATE FORM

If continuation sheet 7 of 7

Hot Water Temp Record

Name of Facility:

Surveyor: Billy S. Bryant

Date	Reading Location	Temp °F	Print Name	Comments
11-2-15	301	114,2	BC, AN	
11-2-15	301	113,7	BGAN	
11-2-15	301	114.0	BCAN	
<u> 11-3-15</u>	301	1/3,2	BCIAN	
1/-3-15	301	113,6	BCIAN_	
1/-3-15		114,0	BOW	
11-4-15		113,6	BSIAN	
11-4-15		113.0	BriAN	
11-4-15		112,4	BCIAN	1,
11-2-15		110.2	BC,'AN	
11-2-15		110,4	BCIAN	
11-2-15		110,0	BOAH	
11-3-15		111,4	BY,'AN	
11-3-15		11Z, a	130.4N	
11-3-15	,	112.2	Brian	
11-4-15	121	113,0	BOYN	<u> </u>
11-4-15		1/3,2	BGIAN	
11-4-13	121,	112.6	BOAN	Date
Signature	Hot Wister Temp - 100	- 116 Deg	TAN JOHNSON	Date: 11-4-15

Maintain this log of hot water temperatures showing measurements made three times a day for three consecutive days

Return completed log to:

Division of Health Service Regulation Construction Section 2705 Mail Service Center Raleigh NC 27699 Attention: Billy S. Bryant

Fax Number 919-733-6592

Bryan Johnson,

I was at the Village Green's Carolina Inn to inspected the rear egress double doors in the first floor dinning room. These doors are the type that have a three point locking mechanism. To lock this type door from the inside, you must pull the door closed, then lift the lever up to extend the vertical rods; one, located at the top and one at the bottom of the door. This procedure only holds the door in the closed position, but does not actually lock the outside lever to prevent someone from entering. The door can be opened from either side by just pushing down on the lever just like any lever handle lockset. To lock the outside lever, after closing the door, and lifting the lever to extend the vertical rods, you must turn the inside thumbturn counterclockwise which extends the third bolt located at the center edge of the lock into the strike on the secondary door, much like any door lock.

I operated the lock several times to make sure the lock was working well. I could find no problems with the lock at this time.

AA Larry's Locksmith Service NC Locksmith License # 0137 910-624-5934